1000 CHAPIN STREET

1000	CHAPIN	STREET

FLORENCE 54121 Phone: (715) 528-48	33	Ownership:	Corporation
Operated from 1/1 To 12/31 Days of Operatio	n: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	73	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	73	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	60	Average Daily Census:	60

Services Provided to Non-Residents	Age, Gender, and Primary Di	agnosis	of Residents (1	12/31/03)	Length of Stay (12/31/03)	%	
Home Health Care No Supp. Home Care-Personal Care No		Primary Diagnosis					15.0 36.7
Supp. Home Care-Household Services Day Services	No No	Developmental Disabilities Mental Illness (Org./Psy)		Under 65 65 - 74	6.7 3.3	More Than 4 Years	30.0
Respite Care	Yes	Mental Illness (Other)	13.3	75 - 84	15.0	İ	81.7
Adult Day Care Adult Day Health Care	No No	Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic		85 - 94 95 & Over		*************************************	
Congregate Meals Home Delivered Meals	No No	Cancer Fractures		 		Nursing Staff per 100 Res: (12/31/03)	idents
Other Meals	No			65 & Over 			
Transportation Referral Service	No	Cerebrovascular Diabetes		Gender		•	11.7 3.0
Other Services Provide Day Programming for	Yes	Respiratory Other Medical Conditions		 Male		Nursing Assistants, Aides, & Orderlies	38.6
Mentally Ill	No			Female	81.7	İ	
Provide Day Programming for Developmentally Disabled	No	 	100.0	 	100.0	1	

Method of Reimbursement

		edicare			Medicaid Sitle 19			Other			Private Pay			amily Care			anaged Care	l 		
Level of Care	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	00	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	7	100.0	271	42	97.7	103	1	100.0	103	9	100.0	136	0	0.0	0	0	0.0	0	59	98.3
Intermediate				1	2.3	88	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.7
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	7	100.0		43	100.0		1	100.0		9	100.0		0	0.0		0	0.0		60	100.0

County: Florence Facility ID: 9360 Page 2 FLORENCE VILLA

Admissions, Discharges, and	I	Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period					% Needing		Total
Percent Admissions from:		Activities of	8		sistance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	3.3	Bathing	0.0		58.3	41.7	60
Other Nursing Homes	5.0	Dressing	26.7		40.0	33.3	60
Acute Care Hospitals	91.7	Transferring	36.7		30.0	33.3	60
Psych. HospMR/DD Facilities	0.0	Toilet Use	36.7		28.3	35.0	60
Rehabilitation Hospitals	0.0		85.0		6.7	8.3	60
Other Locations	0.0	*****	*****	*****	*****	******	*****
Total Number of Admissions	60 I	Continence		용	Special Treatmen	ts	용
Percent Discharges To:	1	Indwelling Or Extern	nal Catheter		Receiving Resp	iratory Care	10.0
Private Home/No Home Health	0.0	Occ/Freq. Incontine	nt of Bladder	36.7	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	36.1	Occ/Freq. Incontine	nt of Bowel	23.3	Receiving Suct	ioning	0.0
Other Nursing Homes	13.1	-			Receiving Osto	my Care	0.0
Acute Care Hospitals	6.6	Mobility			Receiving Tube	Feeding	1.7
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	35.0
Rehabilitation Hospitals	0.0				3	-	
<u> =</u>	1.6 i	Skin Care			Other Resident C	haracteristics	
Deaths	42.6 i	With Pressure Sores		0.0	Have Advance D	irectives	96.7
Total Number of Discharges	i	With Rashes		1.7	Medications		
(Including Deaths)	61 i				Receiving Psyc	hoactive Drugs	55.0

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

*************	*****	*****	*****	*****	*****	*****	*****	*****	*****
		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	50	-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	96	8	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	81.6	80.8	1.01	83.7	0.98	84.0	0.97	87.4	0.93
Current Residents from In-County	45.0	73.7	0.61	72.8	0.62	76.2	0.59	76.7	0.59
Admissions from In-County, Still Residing	18.3	19.8	0.93	22.7	0.81	22.2	0.83	19.6	0.93
Admissions/Average Daily Census	100.0	137.9	0.73	113.6	0.88	122.3	0.82	141.3	0.71
Discharges/Average Daily Census	101.7	138.0	0.74	115.9	0.88	124.3	0.82	142.5	0.71
Discharges To Private Residence/Average Daily Census	36.7	62.1	0.59	48.0	0.76	53.4	0.69	61.6	0.60
Residents Receiving Skilled Care	98.3	94.4	1.04	94.7	1.04	94.8	1.04	88.1	1.12
Residents Aged 65 and Older	93.3	94.8	0.98	93.1	1.00	93.5	1.00	87.8	1.06
Title 19 (Medicaid) Funded Residents	71.7	72.0	1.00	67.2	1.07	69.5	1.03	65.9	1.09
Private Pay Funded Residents	15.0	17.7	0.85	21.5	0.70	19.4	0.77	21.0	0.72
Developmentally Disabled Residents	1.7	0.8	2.12	0.7	2.32	0.6	2.63	6.5	0.26
Mentally Ill Residents	20.0	31.0	0.64	39.1	0.51	36.5	0.55	33.6	0.60
General Medical Service Residents	0.0	20.9	0.00	17.2	0.00	18.8	0.00	20.6	0.00
Impaired ADL (Mean)	47.0	45.3	1.04	46.1	1.02	46.9	1.00	49.4	0.95
Psychological Problems	55.0	56.0	0.98	58.7	0.94	58.4	0.94	57.4	0.96
Nursing Care Required (Mean)	6.0	7.2	0.84	6.7	0.90	7.2	0.84	7.3	0.82